EZ-NET 5.2

USER GUIDE

FOR EZ-CAP

April 2007

© 2007 MZI HealthCare. All rights reserved.
The information in this document is subject to change without notice. No part of it may be reproduced
or
transmitted in any form or by any means without the express written consent of MZI HealthCare.

Copyright October 2006 MZI HealthCare, LLC, all rights reserved. ***MZI HealthCare Proprietary:*** *This material constitutes proprietary and trade secret information of MZI HealthCare and shall not be disclosed to any third party, nor used by the recipient except under the terms and conditions prescribed by MZI HealthCare. This material is also protected by Federal Copyright Law and is not to be copied or reproduced in any form, using any medium without the prior written authorization of MZI HealthCare. However, MZI HealthCare allows the printing of Adobe Acrobat PDF files included on the software installation disc for the purposes of client training and references. MZI HealthCare, the MZI HealthCare logo, EZ-CAP® and the EZ-CAP® logo are trademarks of MZI HealthCare, LLC.*

Contents

Chapter 1 4
System Overview 4
EZ-NET Functionality 4
EZ-NET Solution Advantages 4
EZ-NET Benefits to Business Partners 4
System Navigation 5
Log In 5
Log Out 6
Requesting Access to the System 6
Contacting Us 7
Site Disclaimer 7
Know Your Data 7
Chapter 2 8
System References 8
Procedure Reference Codes 9
Diagnosis Reference Codes 9
Place of Service Reference Codes 9
CPT Modifier Reference Codes 9
Contacts Reference 10
Chapter 3 11
Provider Inquiry 11
Displaying Additional Provider Information 13
Chapter 4 14
Member Eligibility Inquiry 14
Viewing a Member's Authorization History 16
Chapter 5 18
Authorization Inquiry and Submission 18
Authorization Status Inquiry 18
Authorization Submission 21
Chapter 6 26
Claims Inquiry and Submission 26
Claims Status Inquiry 26
Claim Submission 29

Chapter 1

System Overview

This chapter discusses instructions for logging in and out, site disclaimer, and accessing requests and contact information in the EZ-NET system. EZ-NET is a secured, web-based application for exchanging information between physicians, health plans, independent physician association (IPAs), managed care organizations (MCOs), and management service organizations (EZ-CAP client organizations). EZ-NET's secure nature enables your organization to make important data accessible to your business providers via the Internet or Intranet, without compromising EZ-CAP system security.

This chapter is intended as an introductory overview of EZ-NET.

EZ-NET Functionality

EZ-NET's functionality was designed to provide the following advantages:

- Reduces the manual capture of patient authorization and referral data.
- Consolidates information from multiple databases and companies into a single collection point, both for inquiry and submission.
- Delivers a fast, accurate, and controlled method that enables physicians to access healthcare information, including claims, eligibility, benefits, authorization, and provider directories.

EZ-NET Solution Advantages

EZ-NET provides many advantages to users (Healthcare entities) of the EZ-CAP product, as those users provide sensitive information to their business providers (physicians, hospitals, lab facilities, etc.), including:

- Reduce the cost of sharing information—reduced faxes, voicemail, and telephone tag
- Improve the accuracy of information presentation—eliminate the incidence of human error
- Provide secure, controlled access to information 24 hours a day, 7 days a week
- Enhance communication between your organization, network providers, and health plans
- Compatible with the popular Microsoft® Internet Explorer 6 browser (note that the EZ-NET Server requires the same).
- Uses strict user authentication, layered application security, and 128-bit data encryption technologies

EZ-NET Benefits to Business Partners

EZ-NET users provide many benefits to their business/risk-sharing partners. Examples of these benefits are:

1. Search provider directories
2. Submit authorizations requests and claims into the EZ-CAP system
3. Inquire on authorization status
4. Verify health plan eligibility

5. View member authorization history
6. Check status of claim/encounter information
7. PCPs can access and print assigned member lists
8. Look up procedure codes, diagnosis codes, and other general reference information
9. Provide a contact list of key office personnel for problem resolution

System Navigation

Basic system navigation functions, such as logging into and out of the system, requesting access, etc., are described in the following subsections.

Log In

Depending on your set up from Internet Explorer, i.e. URL=*"EZ-NET Server URL"* bring up EZ-NET in Internet Explorer. The pre-login window is shown below:

EZ-NET
Home
Providers
Member Eligibility
Authorizations
Inquiry
Submission
Claims
Inquiry
Submission
Claims Processing
Access Batches
Report Batches
Submitter Services
Eligibility Inquiry
Inquiry-270
Response-271
Enrollment Status
834 upload
834 download
EZ-Link Elig Upld
Claim Inquiry
Inquiry-276
Response-277
Institutional Claims
837 upload
837 download
EZ-Link Claim Upld
997 download
Professional Claims
837 upload
837 download
EZ-Link Claim Upld
997 download
Remittances-835
Auth/Referrals
278 Req. Review
278 Download
References
Procedures
Diagnosis
Place of Services
CPT Modifiers
Contacts
Log Off
Site Disclaimer
Administration
Connection Editor
EZ-NET
VERSION 5.2
Presented By
MZI
MZI HealthCare
DISCLAIMER OF WARRANTIES YOU EXPRESSLY AGREE THAT YOUR USE OF THE SITE IS AT YOUR SOLE RISK. THE SITE AND ALL INFORMATION ON THIS SITE ARE PROVIDED "AS IS" ON AN "AS AVAILABLE" BASIS, WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESS OR IMPLIED. ALL WARRANTIES ARE HEREBY DISCLAIMED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND THE WARRANTY OF NON-INFRINGEMENT. WITHOUT LIMITING THE FOREGOING, SDPMG MAKES NO WARRANTY THAT (i) THE SITE AND INFORMATION WILL MEET YOUR REQUIREMENTS, (ii) THE SITE AND INFORMATION WILL BE UNINTERRUPTED, TIMELY, SECURE, OR ERROR-FREE, (iii) THE RESULTS THAT MAY BE OBTAINED FROM THE USE OF THE SITE AND INFORMATION WILL BE EFFECTIVE, ACCURATE OR RELIABLE, AND (iv) THE QUALITY OF ANY INFORMATION OBTAINED BY YOU FROM THE SITE WILL MEET YOUR EXPECTATIONS. THIS SITE COULD INCLUDE TECHNICAL, OTHER MISTAKES, INACCURACIES OR TYPOGRAPHICAL ERRORS.
I Agree!
© 2007 MZI Healthcare. All Rights Reserved. System Availability, transaction execution, and response times may vary due to volume, system performance and other factors.
Technology provided by MZI Healthcare. All Rights reserved.
This Site Best Viewed with Microsoft Internet Explorer

Pre-login window

In the pre-login window, a disclaimer is displayed that you must agree to before the system allows you to enter the system. Click the '**I Agree'** button at the center of the window.

Login
To request a new User Id or changes to an existing Id, please contact Client Services at: (858) 824-7177 or Client_services@scpmcs.org.
User ID:
Password:
Enter your User ID.
Enter your Password.
Login
Clear Form
I Forgot My Password

Login window

Enter **User ID** and **Password**. Click '**Login**'.

For a forgotten password, click the '**I Forgot My Password**' button – your default email program opens with a pre-addressed and pre-written message requesting the password.

Log Out

To log off the EZ-NET system, click on the **Log Off** link in the function menu list to log out.

For security purposes, it is *very important* to log off the system when you are finished with your work.

Requesting Access to the System

If you need additional EZ-NET user accounts established for other members of your organization, please contact the Provider Services department, system administrator or person responsible for adding users to the system. The new user is added at the EZ-CAP client organization end. The following information is necessary for each new user account:

- Medical group or physician name
- Full name of user requesting access
- Phone number of user requesting access
- Fax number
- E-Mail ID (Optional)
- Preferred method of receiving notifications (Phone, Fax, or E-mail)
- Physicians in your medical group this individual should be allowed to access
- Any restrictions to be placed on the user, such as limited views of eligibility data, enabled authorization requests but not inquiries, etc

A unique **user account** and **password** will then be established and communicated to you by the Provider Services staff.

Contacting Us

Contact information for a range of functional units such as Provider Services, Referral Management, Eligibility, etc, is available on-line via the EZ-NET system. In addition, the ability to submit a "formatted e-mail message" directly to the department or individual most qualified to assist you with your question or issue is provided.

Displaying Contact Information

Click **References** > **Contacts** to display the search Contacts List dialog page.

Contacts List window

Search for contacts by entering search criteria and clicking the **Search** button.

Site Disclaimer

Each site (IPA/EZ-CAP client organization/PHO) specifies its own disclaimer. The site disclaimer statement can be viewed by clicking on **Site Disclaimer** in the function menu list.

Know Your Data

Simplifying the search for providers in EZ-NET is accomplished by applying sound logic and common sense to the search. Unless absolutely necessary, avoid entering any data of which you are not sure. For instance, do not enter more data in any field than has been confirmed – it is more productive to enter less known information than to guess at an extra piece of data and experience no search results.

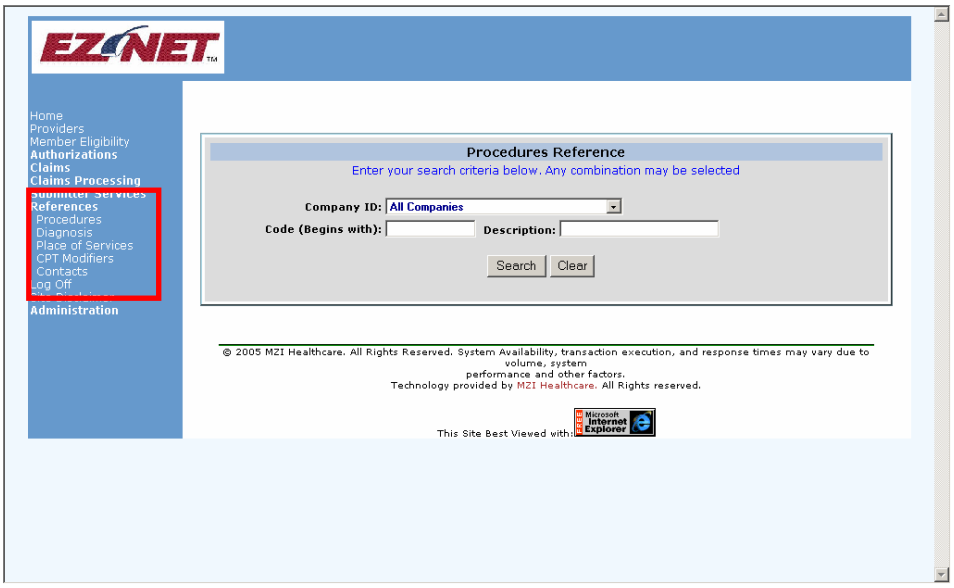
Chapter 2

System References

System references enable a user to look up a variety of reference codes, including:

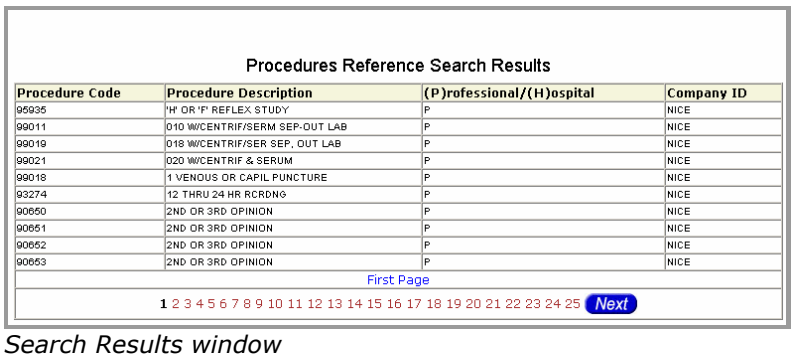
- Service procedure codes
- Diagnosis (ICD-9 – International Classification of Diseases, 9th Edition) codes
- Place of Service codes
- CPT (Current Procedural Terminology) Modifier codes
- IPA/EZ-CAP client organization/PHO contacts

To access EZ-NET system references from the function link menu, click **References** > **Procedures**, **Diagnosis**, **Place of Services**, **CPT Modifiers** or **Contacts**. A search criteria dialog box will be displayed.



Procedures Reference search dialog box

Enter requested search information in the reference code dialog box (such as 'abd' in the Description field above), and click the **Search** button:



Procedures Reference Search Results

Procedure Code	Procedure Description	(P)rofessional/(H)ospital	Company ID
95935	'H' OR 'F' REFLEX STUDY	P	NICE
99011	010 W/CENTRIF/SERM SEP-OUT LAB	P	NICE
99019	018 W/CENTRIF/SER SEP, OUT LAB	P	NICE
99021	020 W/CENTRIF & SERUM	P	NICE
99018	1 VENOUS OR CAPIL PUNCTURE	P	NICE
93274	12 THRU 24 HR RCRDNG	P	NICE
90650	2ND OR 3RD OPINION	P	NICE
90651	2ND OR 3RD OPINION	P	NICE
90652	2ND OR 3RD OPINION	P	NICE
90653	2ND OR 3RD OPINION	P	NICE

First Page

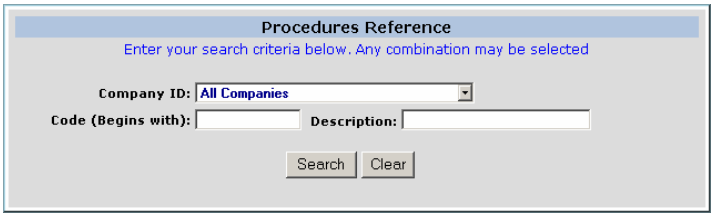
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Next

Search Results window

The following subsections provide descriptions of each reference code.

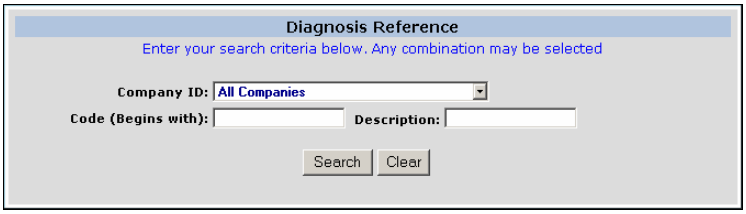
Procedure Reference Codes

The Procedure Reference table contains a list of professional and hospital service codes and associated descriptions. Code and/or description can key searches. See preceding window image.



Diagnosis Reference Codes

The Diagnosis Reference table contains a list of ICD-9 Diagnosis codes and their associated descriptions. Code and/or description can key searches.

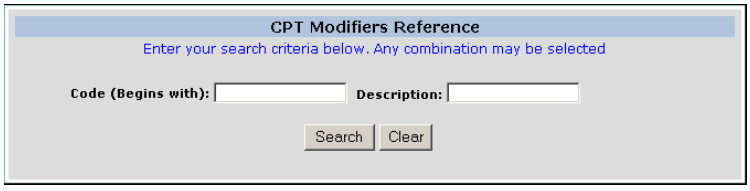


Place of Service Reference Codes

This reference contains the Place of Service codes for use in authorizations and claims. These codes are typically the HCFA standard codes, but can be customized by the IPA/EZ-CAP client organization/PHO.

CPT Modifier Reference Codes

This reference contains CPT Modifier codes that can be used to provide additional descriptions for requested or provided services. These standard codes are provided with the CPT Procedure codes, but can be customized by the IPA/EZ-CAP client organization/PHO.



Contacts Reference

This reference contains a list of IPA/EZ-CAP client organization/PHO contacts, including contact phone numbers, fax numbers, and email addresses. Clicking on a contact's email address retrieves a form into which the message can be input, then submitted to the contact.

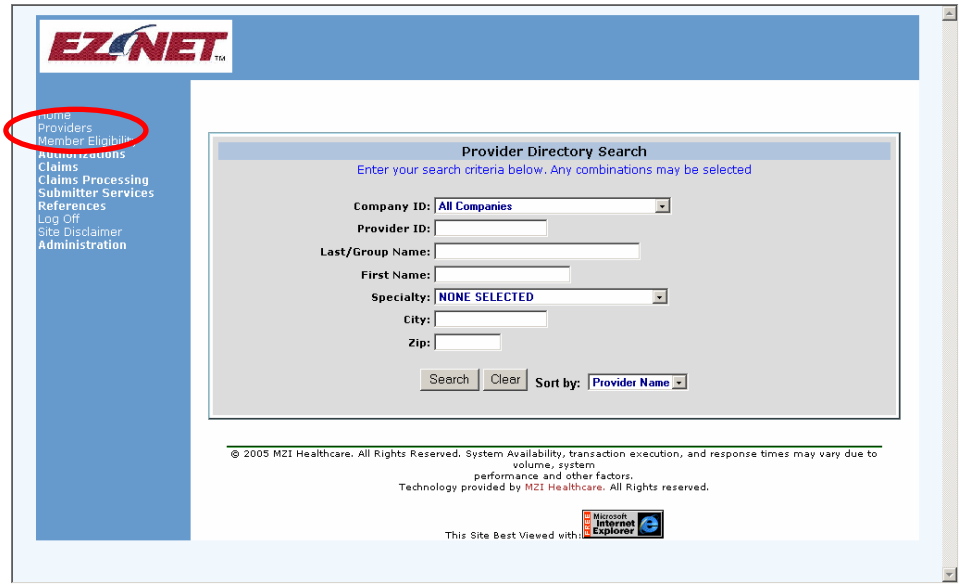
Chapter 3

Provider Inquiry

The Provider search function enables the EZ-NET user to search Provider directories.

Search Providers

Click on the **Providers** link in the function menu to display the Provider Directory Search window:

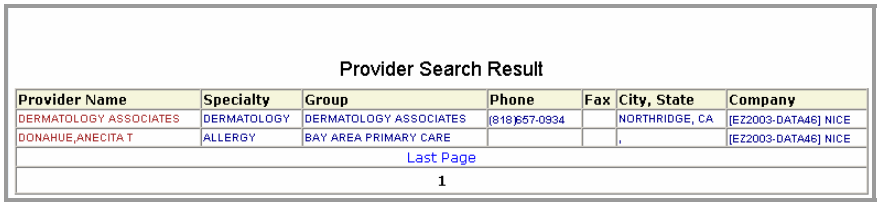


Provider Directory Search window

Field Name	Field Description
Company ID	Select Company ID. Click on arrow to select from drop-down list. The listing contains multiple company identifications, usually with its acronym followed by its full name.
Provider ID	Provider ID in alpha, numeric or alphanumeric format.
Last/Group Name	Last name of the Physician or the full name of a provider organization.
First Name	First name of the Physician. Note that provider organizations (such as "Tower Radiology") will *not* have "first names."
Specialty	Primary specialty of the physician or provider organization. Value defaults to 'None Selected', which means that the search will not be restricted to a Provider specialty. Searches can be limited to a specific Provider specialty by selecting it from the dropdown list.
City	Name of the city in which the Provider's office is located.
Zip	Zip code in which the Provider's office is located.

Field Name	Field Description
Sort By	To specify the presentation order of the search results, click on the Sort By pick list and select one of the following available sort options: ▪ Provider Name ▪ Specialty ▪ City/Name ▪ City/Specialty ▪ Zip/Name

Click on the **Search** button. EZ-NET returns the **Provider Search Result** window, a grid displaying search results sorted in the specified order:


Provider Search Result

Provider Name	Specialty	Group	Phone	Fax	City, State	Company
DERMATOLOGY ASSOCIATES	DERMATOLOGY	DERMATOLOGY ASSOCIATES	(818)557-0934		NORTHRIDGE, CA	[EZ2003-DATA46] NICE
DONAHUE,ANECITA T	ALLERGY	BAY AREA PRIMARY CARE			,	[EZ2003-DATA46] NICE

Last Page

1

Provider Search Results window

If the system does not locate any records that meet your search criteria, a message stating that "No records found" will display. Click on the browser's Back button to redisplay the search criteria window. Either replace/adjust selection criteria or click **Clear** and re-enter criteria.

Provider Detail

To display specific provider detail, click on the selected **Provider** (in red text) in the Search Results window (as shown above).

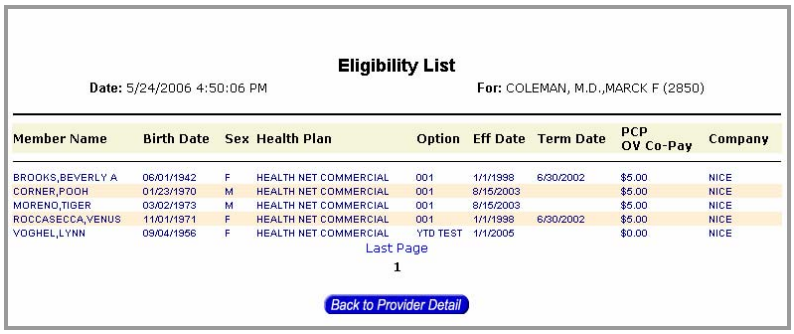
Provider Details window

The buttons at the bottom of the above window will appear only if the user's system is configured for displaying the indicated information.

If EZ-NET is configured in Administration Tools to view additional provider information, click on the **Assigned Members**, **Health Plan Affiliations**, and **Office Locations** buttons, as described in the following section.

Displaying Additional Provider Information

If EZ-NET is configured in Administration Tools to view additional provider information, click on the **Assigned Members**, **Health Plan Affiliations**, and **Office Locations** buttons to display the following windows, as shown below:



Eligibility List

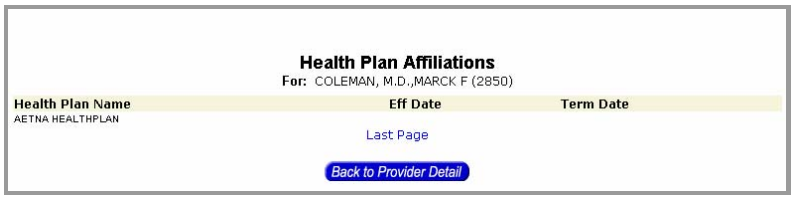
Date: 5/24/2006 4:50:06 PM **For:** COLEMAN, M.D.,MARCK F (2850)

Member Name	Birth Date	Sex	Health Plan	Option	Eff Date	Term Date	PCP OV Co-Pay	Company
BROOKS,BEVERLY A	06/01/1942	F	HEALTH NET COMMERCIAL	001	1/1/1998	6/30/2002	$5.00	NICE
CORNER,POOH	01/23/1970	M	HEALTH NET COMMERCIAL	001	8/15/2003		$5.00	NICE
MORENO,TIGER	03/02/1973	M	HEALTH NET COMMERCIAL	001	8/15/2003		$5.00	NICE
ROCCASECCA,VENUS	11/01/1971	F	HEALTH NET COMMERCIAL	001	1/1/1998	6/30/2002	$5.00	NICE
VOGHEL,LYNN	09/04/1956	F	HEALTH NET COMMERCIAL	YTD TEST	1/1/2005		$0.00	NICE

Last Page
1

Back to Provider Detail

Assigned Members window



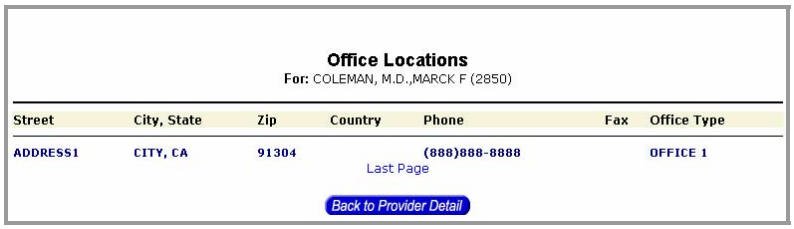
Health Plan Affiliations
For: COLEMAN, M.D.,MARCK F (2850)

Health Plan Name	Eff Date	Term Date
AETNA HEALTHPLAN		

Last Page

Back to Provider Detail

Health Plan Affiliations window



Office Locations
For: COLEMAN, M.D.,MARCK F (2850)

Street	City, State	Zip	Country	Phone	Fax	Office Type
ADDRESS1	CITY, CA	91304		(888)888-8888		OFFICE 1

Last Page

Back to Provider Detail

Office Locations window

To return to the main Provider Detail window, click the **Back to Provider Detail** button at the bottom of each of the above windows.

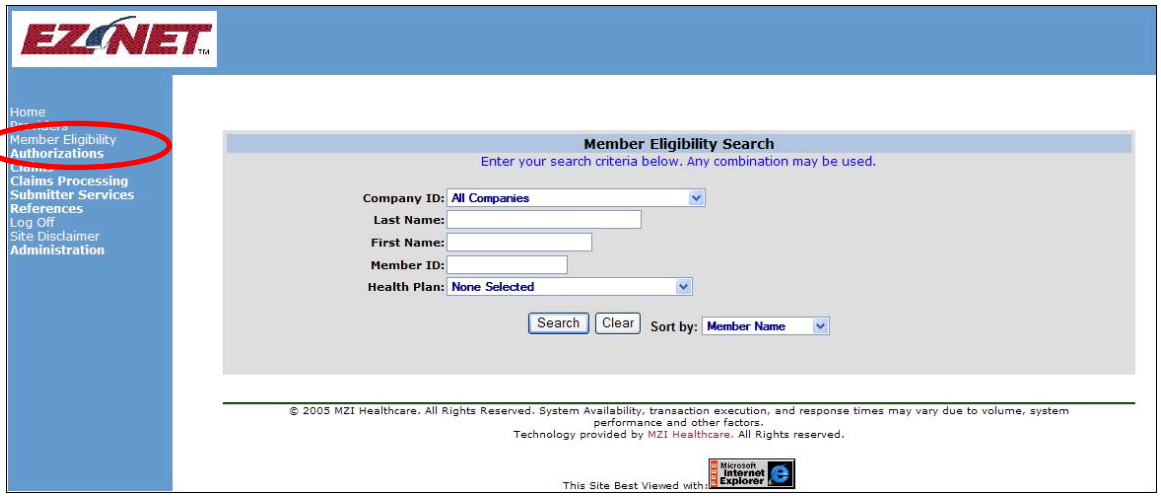
Chapter 4

Member Eligibility Inquiry

This chapter describes the procedures necessary to verify eligibility through EZ-NET. Accurate eligibility verification by the provider's office ensures the legitimacy of all encounters, avoiding lost time and effort on the part of patient, provider and EZ-CAP client.

Member Eligibility

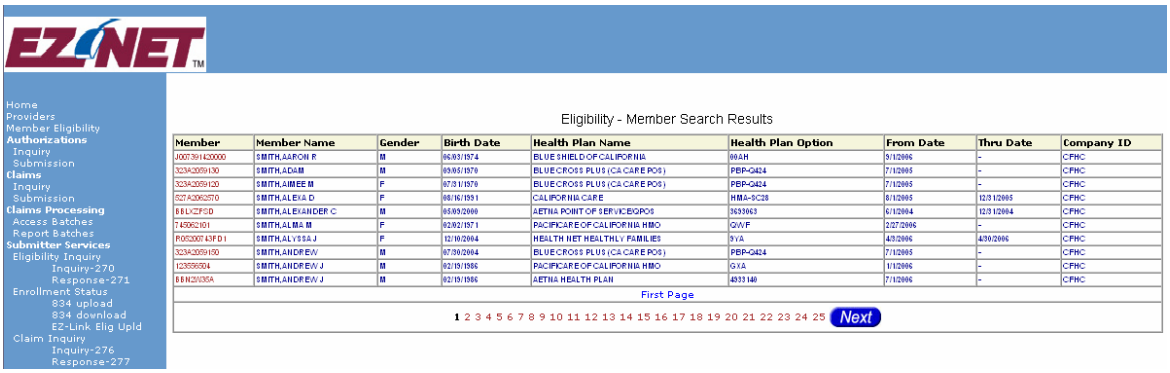
Click on the **Member Eligibility** link in the function menu list to display the Member Eligibility Search window:



Member Eligibility window

Field Name	Field Description
Company ID	Select Company ID. Click on arrow to select from drop-down list. The listing contains multiple company identifications, usually with its acronym followed by its full name.
Last Name	Last name of the member.
First Name	First name of the member.
Member ID	Member ID, which could be in alpha, numeric, or alphanumeric format.
Health Plan	Health plan of which the member is associated with. Value defaults to 'None Selected', which means that the search will not be restricted to a specific health plan. Searches can be limited to a specific health plan by selecting it from the dropdown list.
Sort By	To specify the presentation order of the search results, click on the Sort By pick list and select one of the following available sort options: ▪ Member Name ▪ Member ID ▪ HP/Member Name

Click on the **Search** button. EZ-NET returns the **Member Search Result** window, a grid displaying search results sorted in the specified order:

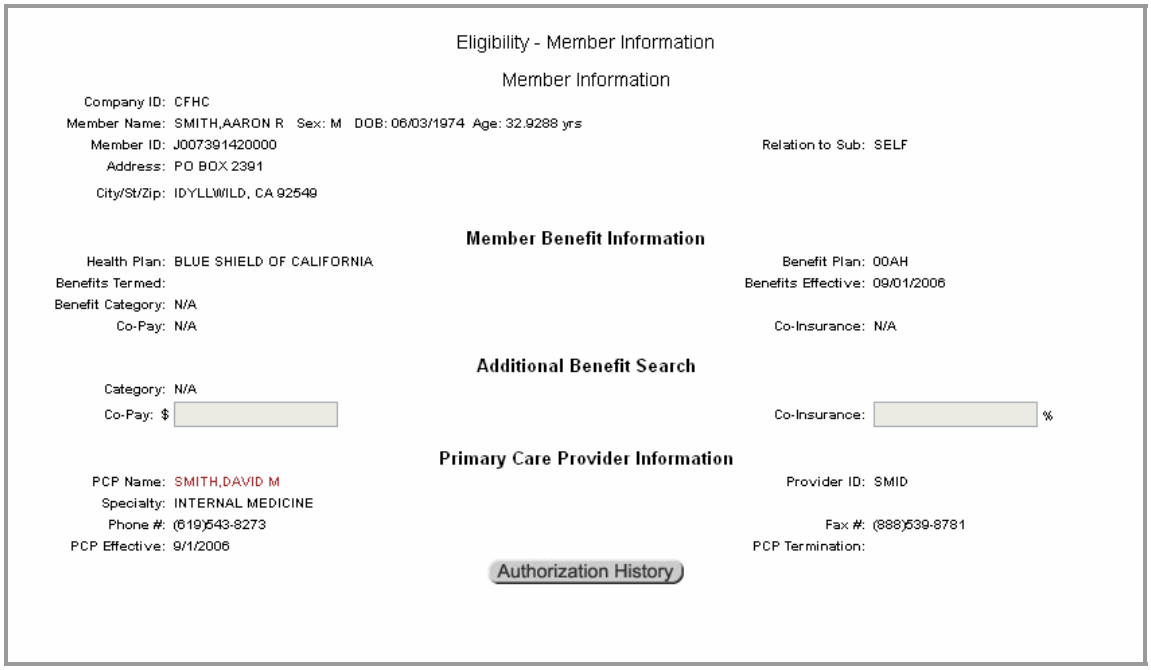


Member Search Result window

If the system does not locate any records that meet your search criteria, a message stating that "No records found" will display. Click on the browser's Back button to redisplay the search criteria window. Either replace/adjust selection criteria or click **Clear** and re-enter criteria.

Member Detail

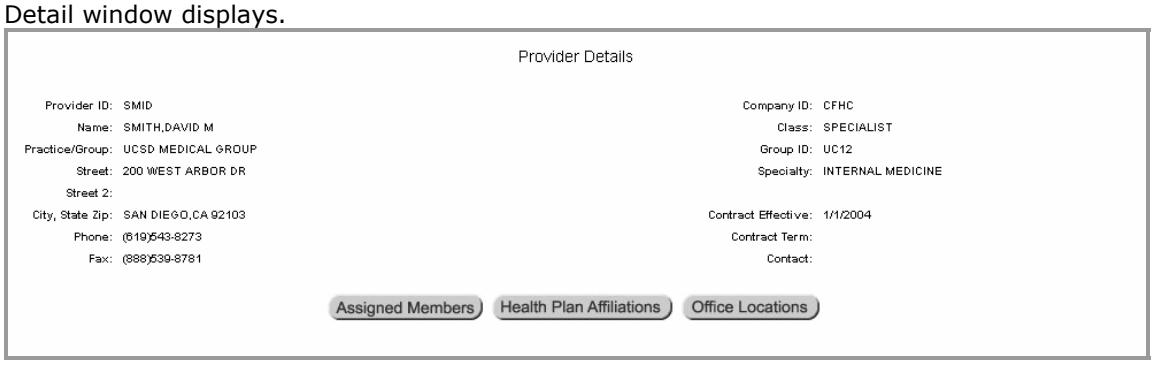
To display specific member detail, click on the selected **Member** (in red text) in the Search Results window (as shown above)



Member Details window

The Member Details can be printed by clicking on the browser's **Print** button.

From the Member Information window above, view detail of the member's PCP by clicking on the PCP Name in red text in the Primary Care Provider Information section. The Provider Detail window displays.

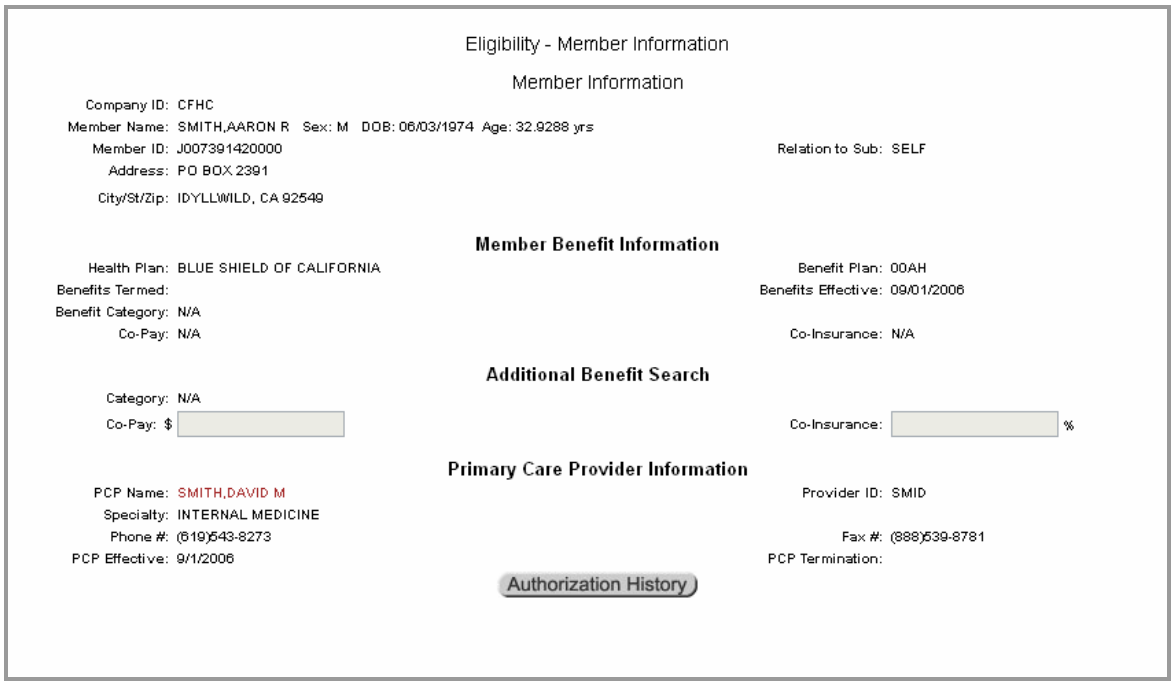


Provider Details window

To view additional provider information, click on the **Assigned Members**, **Health Plan Affiliations**, and **Office Locations** buttons. (See 'Displaying Additional Provider Information' to view these windows.)

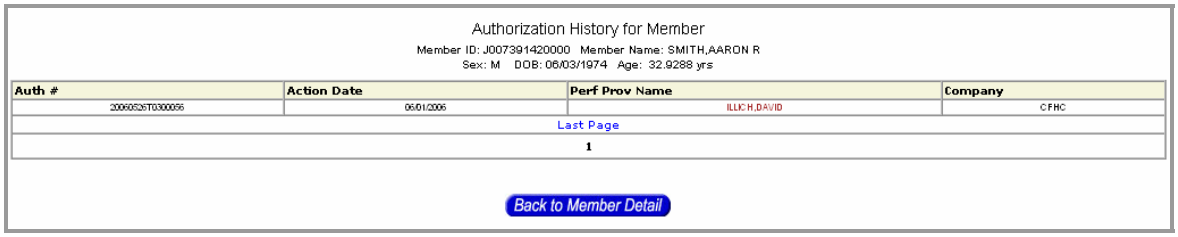
Viewing a Member's Authorization History

Using the Member Information window, view a particular member's auth history:



Member Details window

From the Member Information window above, view the member's auth history by clicking on the **Authorization History** button to display the Authorization History for Member window:



Authorization History window

To view additional provider information, click on the Provider's Name (in red text) to open the Provider Detail window (see the 'Provider Detail' section).

Chapter 5

Authorization Inquiry and Submission

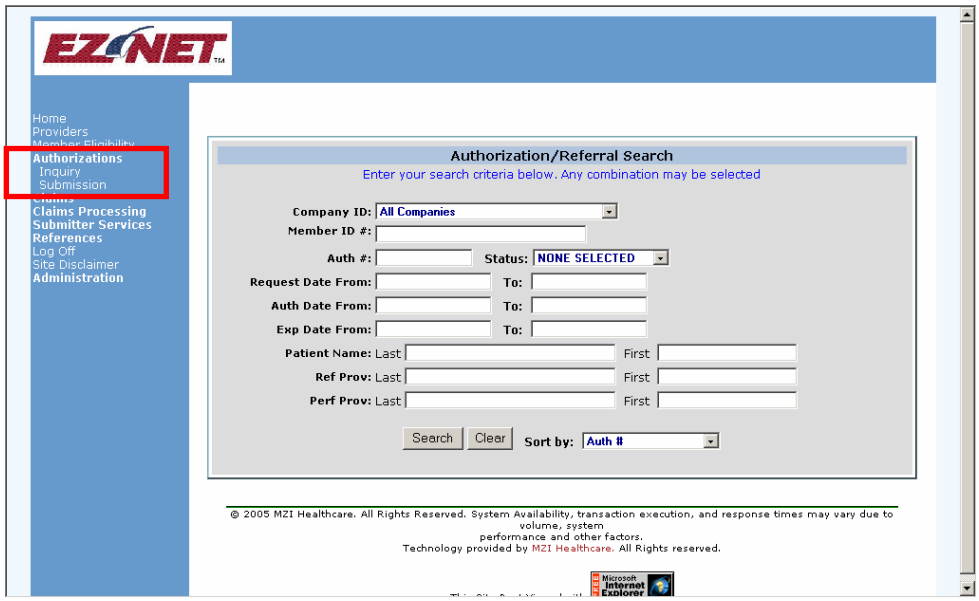
This chapter describes the steps by which a EZ-NET user can make both an authorization status inquiry, display and view an authorization history and submit a routine referral authorization request.

Authorization Status Inquiry

An EZ-NET user can inquire about an authorization status and view an authorization history. Whether originally submitted via EZ-NET, phone, or facsimile, EZ-NET enables a user to view all authorizations submitted.

Authorization Inquiry

Click **Authorizations** > **Inquiry** link in the function menu. The Authorization/Referral Search window will be displayed.

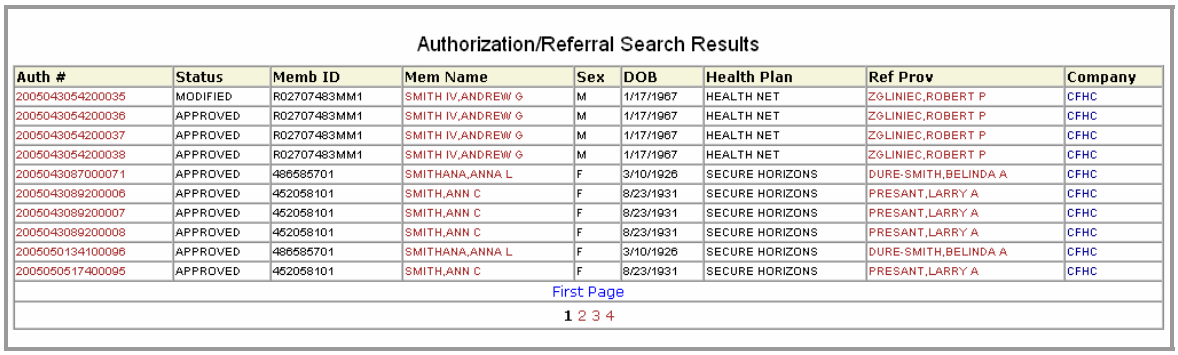


Authorization Inquiry window

Field Name	Field Description
Company ID	Select Company ID. Click on arrow to select from drop-down list. The listing contains multiple company identifications, usually with its acronym followed by its full name.
Auth #	Enter Authorization number – a partial number may be entered. Up to 6-digits must be entered. *NOTE: If all other fields are blank, then this field is required to have a minimum of 6-digits entered.*
Status	Status of the authorization. Value defaults to 'None Selected' which means that the search will not be restricted to a specific authorization status. Searches can be limited to a specific authorization status by selecting it from the drop down list.

Field Name	Field Description
Request Date Auth Date Exp (Expiration) Date	Enter From and/or To dates for these period parameters. Enter date(s) in mm/dd/yyyy format.
Referring Provider	Enter Last and/or First names for the Requesting Provider.
Perf Prov	Enter Last and/or First names for the Performing Provider; that is, the provider *actually performing* the service.
Member ID	Member's ID, which could be in alpha, numeric or alphanumeric format.
Sort By	To specify the presentation order of your search results, click on dropdown list and select one of the following available sort options: ▪ Auth # ▪ Member Name ▪ Mbr Name/Req Date ▪ Mbr Name/Auth Date ▪ Mbr Name/Expr Date ▪ Referring Provider ▪ Ref Prov/Req Date ▪ Ref Prov/Expr Date ▪ Performing Provider ▪ Perf Prov/Req Date ▪ Perf Prov/Expr Date

Click on the **Search** button. EZ-NET returns the **Member Search Results** window, a grid displaying search results sorted in the specified order:



Authorization/Referral Search Results

Auth #	Status	Memb ID	Mem Name	Sex	DOB	Health Plan	Ref Prov	Company
2005043054200035	MODIFIED	R02707483MM1	SMITH IV,ANDREW G	M	1/17/1967	HEALTH NET	ZGLINIEC,ROBERT P	CFHC
2005043054200036	APPROVED	R02707483MM1	SMITH IV,ANDREW G	M	1/17/1967	HEALTH NET	ZGLINIEC,ROBERT P	CFHC
2005043054200037	APPROVED	R02707483MM1	SMITH IV,ANDREW G	M	1/17/1967	HEALTH NET	ZGLINIEC,ROBERT P	CFHC
2005043054200038	APPROVED	R02707483MM1	SMITH IV,ANDREW G	M	1/17/1967	HEALTH NET	ZGLINIEC,ROBERT P	CFHC
2005043087000071	APPROVED	486585701	SMITHANA,ANNA L	F	3/10/1926	SECURE HORIZONS	DURE-SMITH,BELINDA A	CFHC
2005043089200006	APPROVED	452058101	SMITH,ANN C	F	8/23/1931	SECURE HORIZONS	PRESANT,LARRY A	CFHC
2005043089200007	APPROVED	452058101	SMITH,ANN C	F	8/23/1931	SECURE HORIZONS	PRESANT,LARRY A	CFHC
2005043089200008	APPROVED	452058101	SMITH,ANN C	F	8/23/1931	SECURE HORIZONS	PRESANT,LARRY A	CFHC
2005050134100096	APPROVED	486585701	SMITHANA,ANNA L	F	3/10/1926	SECURE HORIZONS	DURE-SMITH,BELINDA A	CFHC
2005050517400095	APPROVED	452058101	SMITH,ANN C	F	8/23/1931	SECURE HORIZONS	PRESANT,LARRY A	CFHC

First Page

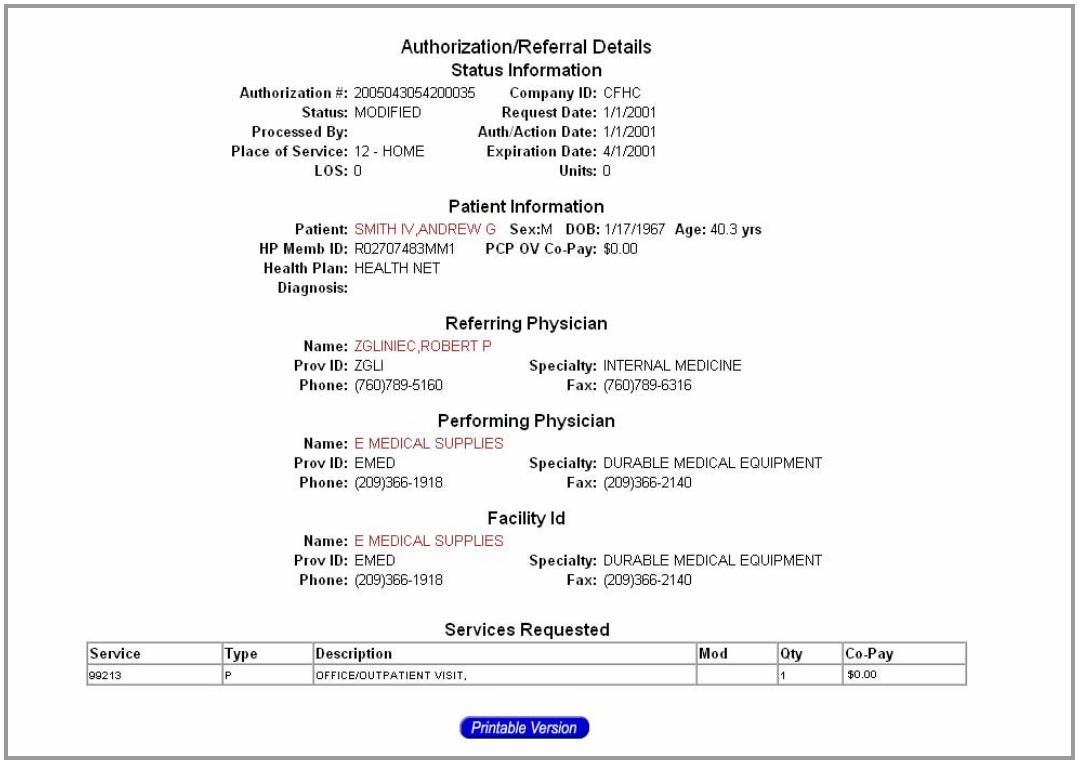
1 2 3 4

Authorization/Referral Search Results window

The Search Results list can be printed by clicking on the browser's **Print** button.

Authorization Detail

To display an authorization's detail, click on the selected **Authorization** number link (in red text) to display the Auth Status Information window:



Authorization/Referral Details

Status Information

Authorization #: 2005043054200035 Company ID: CFHC
Status: MODIFIED Request Date: 1/1/2001
Processed By: Auth/Action Date: 1/1/2001
Place of Service: 12 - HOME Expiration Date: 4/1/2001
LOS: 0 Units: 0

Patient Information

Patient: SMITH IV,ANDREW G Sex:M DOB: 1/17/1967 Age: 40.3 yrs
HP Memb ID: R02707483MM1 PCP OV Co-Pay: $0.00
Health Plan: HEALTH NET
Diagnosis:

Referring Physician

Name: ZGLINIEC,ROBERT P
Prov ID: ZGLI Specialty: INTERNAL MEDICINE
Phone: (760)789-5160 Fax: (760)789-6316

Performing Physician

Name: E MEDICAL SUPPLIES
Prov ID: EMED Specialty: DURABLE MEDICAL EQUIPMENT
Phone: (209)366-1918 Fax: (209)366-2140

Facility Id

Name: E MEDICAL SUPPLIES
Prov ID: EMED Specialty: DURABLE MEDICAL EQUIPMENT
Phone: (209)366-1918 Fax: (209)366-2140

Services Requested

Service	Type	Description	Mod	Qty	Co-Pay
99213	P	OFFICE/OUTPATIENT VISIT,		1	$0.00

Printable Version

Authorization Detail window

To print the page, click on the **Printable Version** button.

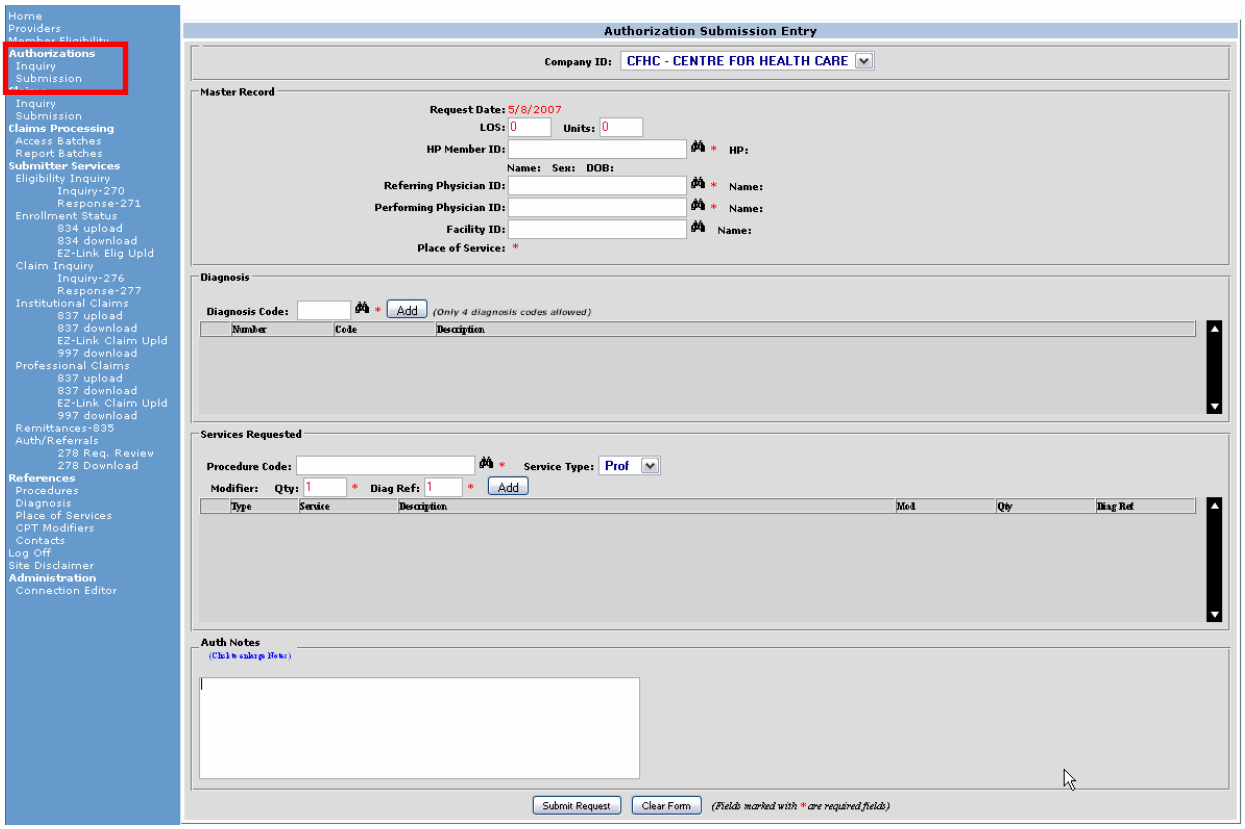
To view detail for the **Member**, **Referring Physician** and/or **Performing Physician**, or **Facility ID**, click on their links (in red text) to display their individual information/detail windows.

Authorization Submission

Authorization requests can be submitted by the user directly through the EZ-NET system.

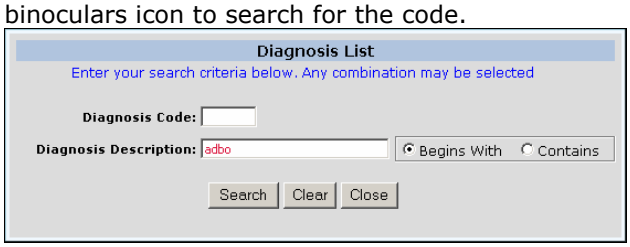
Authorization Submission

Click **Authorizations** > **Submission** link in the function menu. The **Authorization Submission Entry** window will be displayed.



Authorization Submission Entry window

Master Record Section	
Field Name	**Field Description**
Company ID	Select Company ID. Click on arrow to select from drop-down list. The listing contains multiple company identifications, usually with its acronym followed by its full name.
Request Date	Auto-populated by system.
LOS	Length Of Stay, related to a hospital claim.
Units	This field may be used to identify any useful count of items, such as the number of visits reflected on this claim. If the authorization covering this claim specifies an authorized number of units, the system will check against the number on this claim, plus all other claims referencing the same authorization. EZ-CAP issues a warning message if the number of authorized units exceeds this number, and it changes the claim status to '2' (System Hold).
HP Member ID	Enter the required Member's ID. Click on the binoculars icon to search for Member ID. Once Member ID is entered/selected, the Name, Sex and DOB fields will be populated.
Referring Physician ID	Enter the required Referring Provider's ID. Click on the binoculars icon to search for Provider ID. Once Provider ID is entered, the Name field will be populated.
Performing Physician ID	Enter required Performing Provider's ID. Click on the binoculars icon to search for Provider ID. Once Provider ID is entered, the Name field will be populated.
Facility ID	Enter the required Facility ID. Click on the binoculars icon to search for Provider ID. Once Facility ID is entered, the Name field will be populated.
Place of Service	Enter Place of Service, which is the type of facility or environment the requested services is to be performed. Click on dropdown list to select Place of Service.

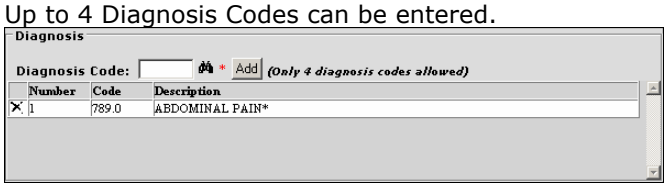
Diagnosis Section	
Field Name	**Field Description**
Diagnosis Code	Enter the required Diagnosis Code. The code number must be exact; including the decimal point and number(s). Once the code is manually entered in the field, click the **Add** button. If the code is unknown or only a partial code is known, click on the binoculars icon to search for the code.  *Search Diagnosis Code dialog box* Enter search parameters in the fields provided and click **Search**.

Diagnosis Section	
Field Name	**Field Description**

Search Diagnosis Results window

Once the code is found, select the code by clicking in the checkbox and then clicking on the **Add Selection** button.

Up to 4 Diagnosis Codes can be entered.



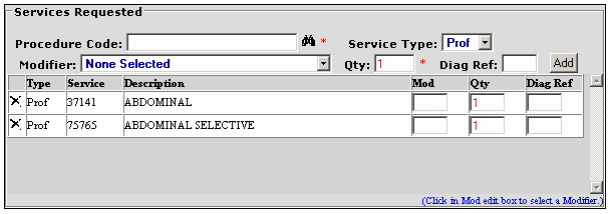
List of Diagnosis Codes

To delete a specified Diagnosis Code from the list, click on the ☒ (delete button) on the very left side of the row to remove that line from the list.

Services Requested Section	
Field Name	**Field Description**
Procedure code	Enter the required Procedure Code. The code number must be exact; including the decimal point and number(s). Once the code is manually entered in the field, click the **Add** button. If the code is unknown or only a partial code is known, click on the binoculars icon to search for the code.

Search Procedure Code dialog box

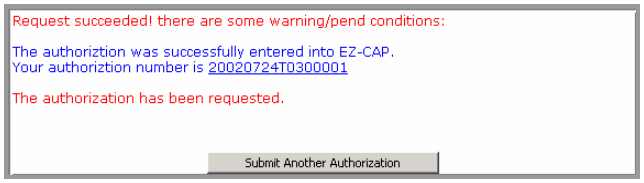
Enter search parameters in the fields provided and click **Search**.

Services Requested Section	
Field Name	**Field Description**
	  Search Procedure Code Results window Once the code is found, select the code by clicking in the checkbox and then clicking on the **Add Selection** button.  *List of Procedure Codes* To delete a specified Procedure Code from the list, click on the ☒ (delete button) on the very left side of the row to remove that line from the list.
Service Type	Enter Service Type. Click on the dropdown list to select from one of the two following values: **Professional** or **Hospital**.
Modifier	Enter Modifier if applicable. Click on the dropdown list to select modifier. If Procedure Code has already been added to line, click in the Modifier box to display lookup window.
Qty	Enter the number of times the procedure was rendered into this required field.
Diag Ref	Enter Diagnosis Reference number that this Procedure Code corresponds to. Valid values are 1, 2, 3 or 4. ***Example**: Diagnosis Reference number '2' would correspond to Diagnosis Code line #2 in the Diagnosis Code section in the middle.*

Claim Notes Section	
Field Name	**Field Description**
Auth Notes	Enter Notes. To increase window size, dick on the '(Click to Enlarge Notes)' link that is in blue text.

Review data entered into the **Authorization Submission Entry** form. Submit the form by clicking the Submit Request button at the bottom of the page.

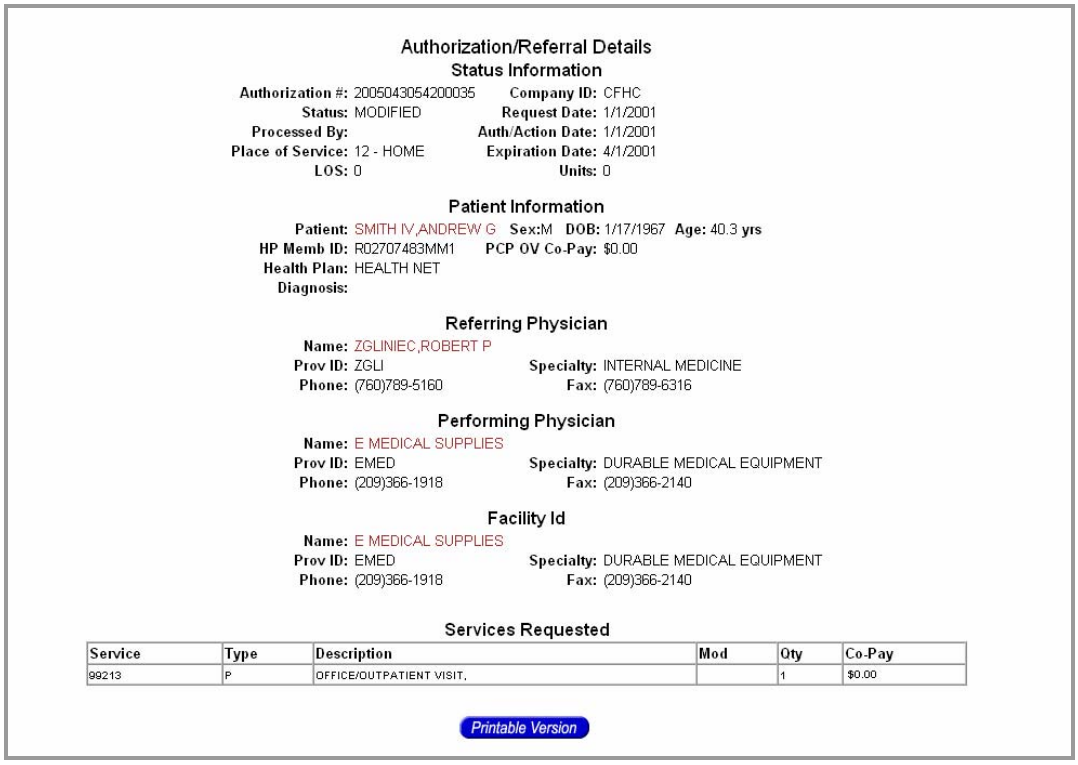
The notification dialog box will display the submission status:


Request succeeded! there are some warning/pend conditions:
The authoriztion was successfully entered into EZ-CAP.
Your authoriztion number is 20020724T0300001
The authorization has been requested.
Submit Another Authorization

Request succeeded notification dialog box

To enter another authorization, click the **Submit Another Authorization** button.

To review details of the authorization, click the authorization number link (underlined in the Request Succeeded! window above) to display the **Authorization/Referral Details** window:


Authorization/Referral Details
Status Information
Authorization #: 2005043054200035 Company ID: CFHC
Status: MODIFIED Request Date: 1/1/2001
Processed By: Auth/Action Date: 1/1/2001
Place of Service: 12 - HOME Expiration Date: 4/1/2001
LOS: 0 Units: 0
Patient Information
Patient: SMITH IV,ANDREW G Sex:M DOB: 1/17/1967 Age: 40.3 yrs
HP Memb ID: R02707483MM1 PCP OV Co-Pay: $0.00
Health Plan: HEALTH NET
Diagnosis:
Referring Physician
Name: ZGLINIEC,ROBERT P
Prov ID: ZGLI Specialty: INTERNAL MEDICINE
Phone: (760)789-5160 Fax: (760)789-6316
Performing Physician
Name: E MEDICAL SUPPLIES
Prov ID: EMED Specialty: DURABLE MEDICAL EQUIPMENT
Phone: (209)366-1918 Fax: (209)366-2140
Facility Id
Name: E MEDICAL SUPPLIES
Prov ID: EMED Specialty: DURABLE MEDICAL EQUIPMENT
Phone: (209)366-1918 Fax: (209)366-2140
Services Requested
Service Type Description Mod Qty Co-Pay
99213 P OFFICE/OUTPATIENT VISIT. 1 $0.00
Printable Version

Authorization/Referral Details window

To print the page, click on the **Printable Version** button.

To view detail for the **Member**, **Referring Physician** and/or **Performing Physician**, click on their links (in red text) to display their individual information/detail windows.

Chapter 6

Claims Inquiry and Submission

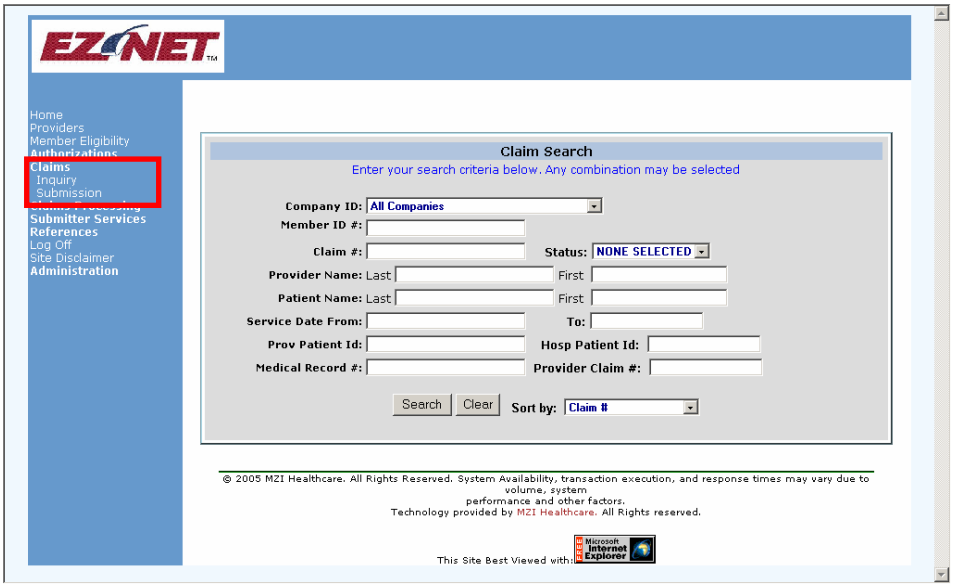
This chapter discusses the searching functionality of the Claim Search page.

Claims Status Inquiry

To inquire on the status of a submitted claim, follow these steps:

Claim Inquiry

Click **Claims > Inquiry** link in the function menu. The Claim Search window will be displayed.



Claim Inquiry window

Field Name	Field Description
Company ID	Select Company ID. Click on arrow to select from drop-down list. The listing contains multiple company identifications, usually with its acronym followed by its full name.
Patient Name (Last, First)	Patient associated with the claim or encounter. Note that all of the name field components do not have to be filled out. Partial values can be entered. For example, a Last Name field containing "Smith" and a First Name field containing "J" will return all records the user is authorized to view whose *last name* starts with "Smith" and whose *first name* starts with a "J."

Field Name	Field Description
Provider Name (Last, First)	Unless the user has special access privileges, this field will be a pick list containing an alphabetized list of all providers for whom the user has access privileges. If the user does have special privileges, the Provider Name field will consist of three fields open to user entry: Last/Group Name, First Name, and Middle Name. ***NOTE**: If a pick list is displayed, it defaults to "**All Allowed**", which does NOT mean all physicians and providers in the system. "**All Allowed**" extends the search to all user-accessible physicians and providers."*
Claim # (Claim Number)	Unique identification number assigned to a claim/encounter by the payer – not the rendering provider. The Claim Number has a format of **YYYYMMDDNNNSSSSS**, the breakdown of which is: YYYY - Year of entry MM - Month of entry DD - Day of entry NNN - Number identifying source of entry SSSSS - Sequence number entered by source for entry date A minimum of 6-digits must be entered. Partial identification numbers can be entered. For example, specifying a value of '200403' will return all claims and encounters having identification numbers starting with that value.
Status	Processing status of the claim or encounter. Value defaults to 'None Selected' which means that the search will not be restricted to a specific claim status. Searches can be limited to a specific claim status by selecting it from the dropdown list.
Service Date (From / To)	Earliest and latest, dates of service for which to include transactions in the search results. Dates must be entered in MM/DD/YY or MM/DD/YYYY format. ***NOTE**: Entering a date in the From field and leaving the To field blank will include all claims from the specified date to the current date.*
Provider Patient ID	Patient identification number assigned to the patient by the rendering Provider and submitted by that provider with the claim or encounter.
Hospital Patient ID	Patient identification number assigned to the patient by an Institutional provider and submitted by that provider with the claim or encounter.
Medical Record #	Medical record identification number assigned to the patient by the rendering provider and submitted by that provider with the claim or encounter.
Provider Claim #	An account identification number assigned to the patient by the rendering Provider and submitted by that provider with the claim or encounter.

Field Name	Field Description
Sort By	The ability to specify how the selected claim/encounter records are to be displayed is provided via the "**Sort By**" pick list. The default sort order is by claim identification number. Click on the dropdown arrow to select one of the following sort options: ▪ Claim Number ▪ Provider Claim Number ▪ Member Name ▪ Service Date From ▪ Provider Name ▪ Provider Claim Number

Click on the **Search** button. EZ-NET returns the **Claim Search Results** window, a grid displaying search results sorted in the specified order:

Claim Search Results

Claim #	MEMB NAME	Prov Name	Prov Claim ID	Date of Service	Status	Company
20050413750300763-1	SMITHANA,ANNA L	ZAKKO,MARAM F		3/4/2005 - 3/4/2005	PAID	CFHC
20050509000200139-1	SMITH,ANNA L	ZAGULI,MARVIN		12/29/2004 - 12/29/2004	PAID	CFHC
20050701000130088-1	SMITH,ANN C	POLTEROCK,JERROLD		6/2/2005 - 6/2/2005	PAID	CFHC
20050701000130088-2	SMITH,ANN C	POLTEROCK,JERROLD		6/2/2005 - 6/2/2005	PAID	CFHC
20050701000130088-3	SMITH,ANN C	POLTEROCK,JERROLD		6/2/2005 - 6/2/2005	PAID	CFHC
20050701000130088-4	SMITH,ANN C	POLTEROCK,JERROLD		6/2/2005 - 6/2/2005	PAID	CFHC
20050719000110058S-1	SMITH,ANN C	POLTEROCK,JERROLD		7/6/2005 - 7/6/2005	PAID	CFHC
20050719000110058S-2	SMITH,ANN C	POLTEROCK,JERROLD		7/6/2005 - 7/6/2005	PAID	CFHC
20050719000110058S-3	SMITH,ANN C	POLTEROCK,JERROLD		7/6/2005 - 7/6/2005	PAID	CFHC
20050719000110058S-4	SMITH,ANN C	POLTEROCK,JERROLD		7/6/2005 - 7/6/2005	PAID	CFHC

First Page

1 2 3 4 5 6 7 8

Claim Search Results window

The Search Results list can be printed by clicking on the browser's **Print** button.

Claims Detail

To display a claim's detail, click on the selected Claim number link (in red text) to display the Claim/Encounter Detail window:

Claim/Encounter Detail

Status Information

Claim #: 20050413750300763-1 **Company ID:** CFHC
Auth #: **Status:** PAID
Date Recd: 4/11/2005 **Prov Claim #:**
Date Paid: 3/4/2005 **Check:** 99-9999999
Payment Status: **Claim Type:** Professional
Vendor: CEN7 **Payee:**

Patient Information

Name: SMITHANA,ANNA L **Sex:** F **DOB:** 3/10/1926 **Age:** 81.16 **yrs**
Health Plan: SECURE HORIZONS **Mbr Id:** 486585701
Benefit Plan: 5SP **Prov Pat Id:**
Diagnosis: 787.2 DYSPHAGIA

Provider Information

Name: ZAKKO,MARAM F
Provider Id: ZAKK **Specialty:** GASTROENTEROLOGY
Place of Service: 24 - AMBULATORY SURG CENTER

Services

	Svc Date	Svc Code	Description	CPT Mod	Qty	Billed Amt	Cntc Amt	Co-pay Amt	WH Amt	Adj Amt	Net Paid	Adj Code	Adj Desc
Detail	3/4/2005	43249	ESOPH ENDOSCOPY, DILATION	51	1	$650.00	$0.00	$0.00	$0.00	$0.00	$0.00	01	DUPLICATE CLAIM MANUAL DETERM*
					Totals:	$650.00	$0.00	$0.00	$0.00	$0.00	$0.00		

Claim/Encounter Detail window

To view detail for the **Member** or **Provider** click on the link (in red text) to display the individual information and detail windows.

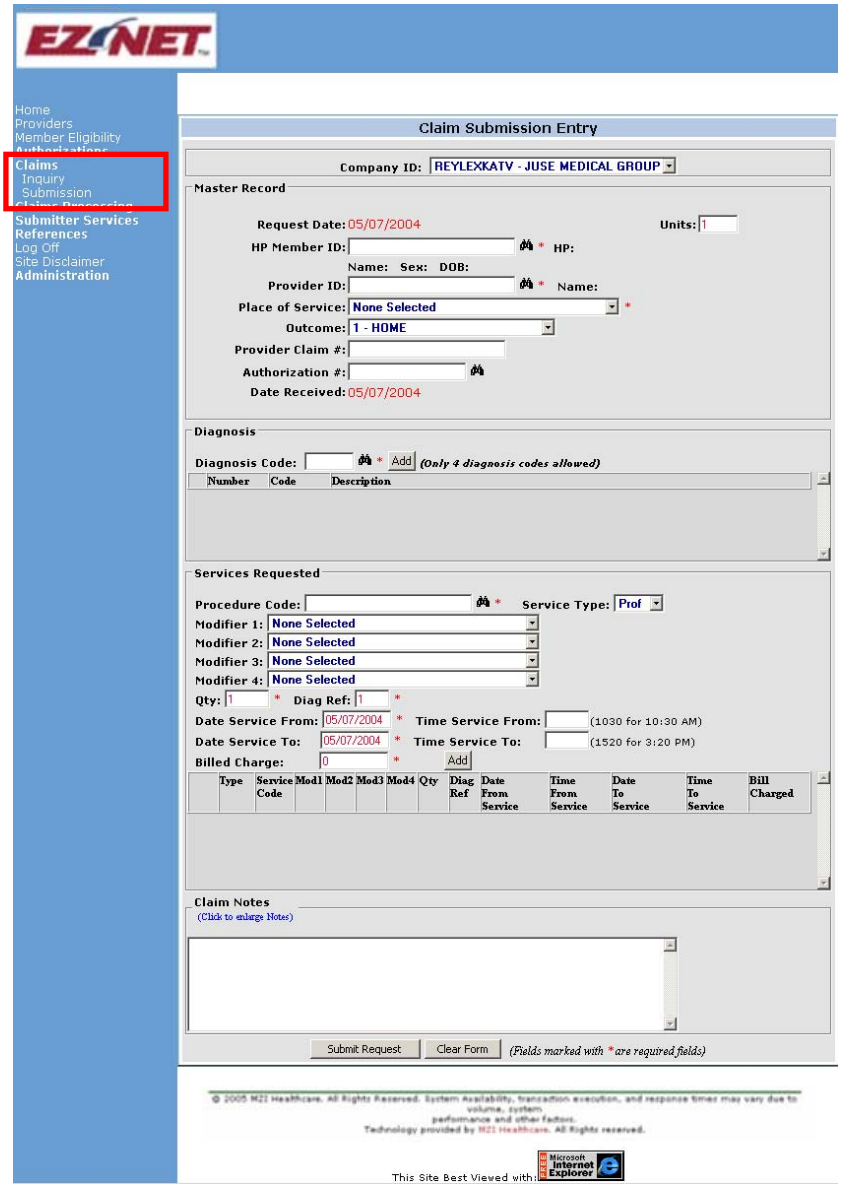
Click on the **Detail** link (in red text) to view the line item detail of the Services rendered.

Claim Submission

Claim requests can be submitted by the user directly through the EZ-NET system.

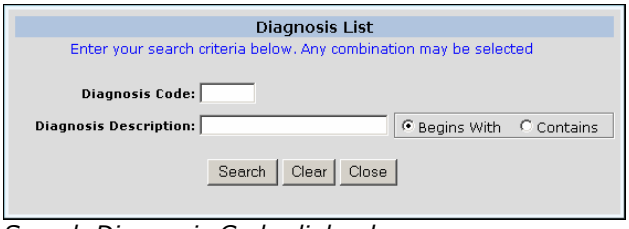
Claim Submission

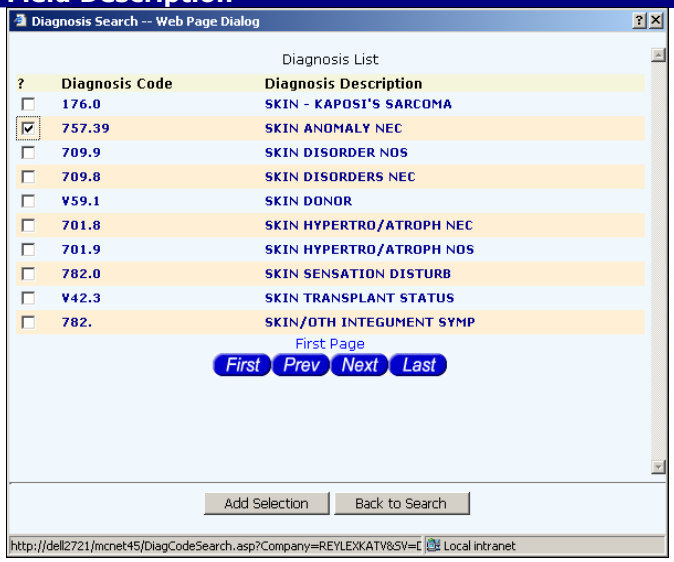
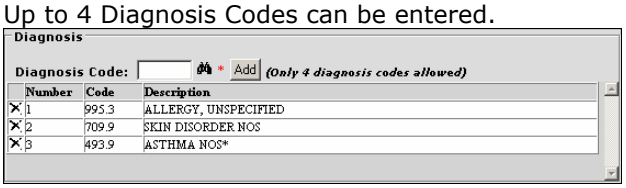
Click **Claims** > **Submission** link in the function menu to display the **Claim Submission Entry** window.

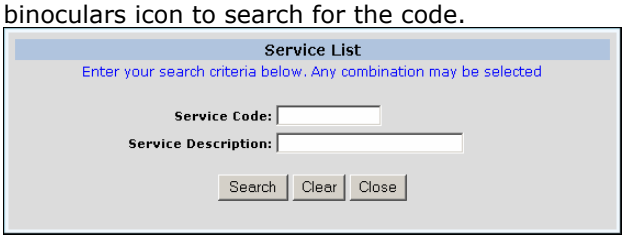


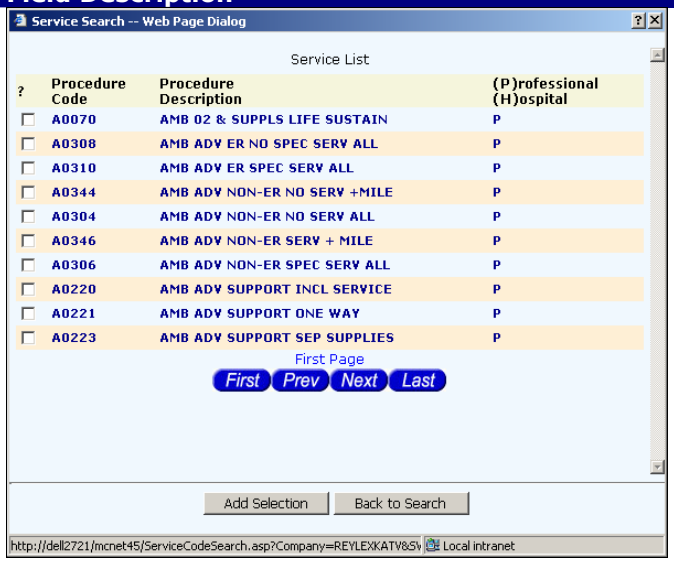
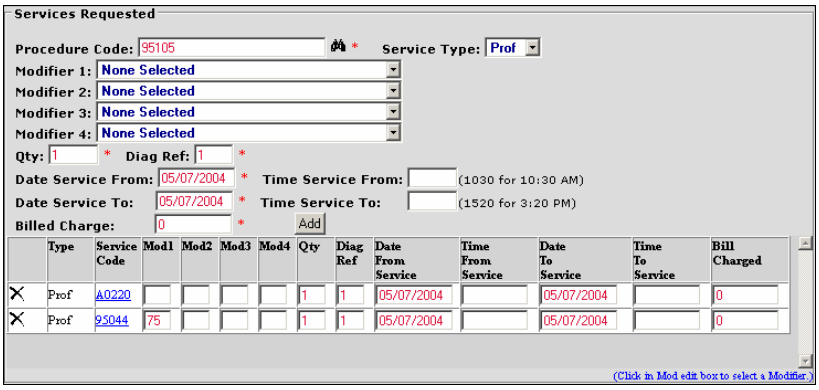
Claim Submission Entry window

Master Record Section	
Field Name	**Field Description**
Company ID	Select Company ID. Click on arrow to select from drop-down list. The listing contains multiple company identifications, usually with its acronym followed by its full name.
Request Date	Auto-populated by system.
Units	This field may be used to identify any useful count of items, such as the number of visits reflected on this claim. If the authorization covering this claim specifies an authorized number of units, the system will check against the number on this claim, plus all other claims referencing the same authorization. EZ-CAP issues a warning message if the number of authorized units exceeds this number, and it changes the claim status to '2' (System Hold).
HP Member ID	Enter the required Member's ID. Click on the binoculars icon to search for Member ID. Once Member ID is entered, the Name, Sex and DOB fields will be populated.
Provider ID	Enter the required Provider's ID. Click on the binoculars icon to search for Provider ID. Once Provider ID is entered, the Name field will be populated.
Place of Service	Enter Place of Service, which is the type of facility or environment the services were performed. Click on dropdown list to select Place of Service.
Outcome	Enter the patient's care outcome from the drop-down list box.
Provider Claim #	Enter the Provider's claim number, which is a unique system number.
Authorization #	Enter the authorization number secured prior to the rendering of the service attached to this claim. Click on the binoculars icon to search for Authorization #. ***NOTE**: A valid HP Member ID must be entered before entering or searching for Authorization #.*
Date Received	Auto-populated by system.

Diagnosis Section	
Field Name	**Field Description**
Diagnosis Code	Enter the required Diagnosis Code. The code number must be exact; including the decimal point and number(s). Once the code is manually entered in the field, click the **Add** button. If the code is unknown or only a partial code is known, click on the binoculars icon to search for the code.  *Search Diagnosis Code dialog box* Enter search parameters in the fields provided and click **Search**.

Diagnosis Section	
Field Name	**Field Description**
	 *Search Diagnosis Results window* Once the code is found, select the code by clicking in the checkbox and then clicking on the **Add Selection** button. Up to 4 Diagnosis Codes can be entered.  *List of Diagnosis Codes* To delete a specified Diagnosis Code from the list, click on the ☒ (delete button) on the very left side of the row to remove that line from the list.

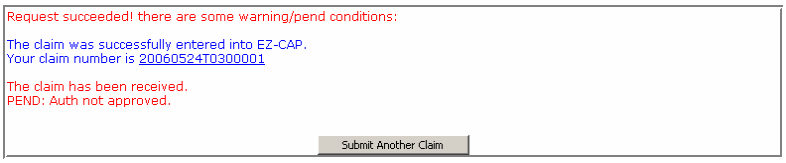
Services Requested Section	
Field Name	**Field Description**
Procedure Code	Enter the required Procedure Code. The code number must be exact; including the decimal point and number(s). Once the code is manually entered in the field, click the **Add** button. If the code is unknown or only a partial code is known, click on the binoculars icon to search for the code.  *Search Procedure Code dialog box* Enter search parameters in the fields provided and click **Search**.

Services Requested Section	
Field Name	**Field Description**
	 *Search Procedure Code Results window* Once the code is found, select the code by clicking in the checkbox and then clicking on the **Add Selection** button.  *List of Procedure Codes* To delete a specified Procedure Code from the list, click on the ☒ (delete button) on the very left side of the row to remove that line from the list.
Service Type	Enter Service Type. Click on the dropdown list to select from one of the two following values: **Professional** or **Hospital**.
Modifier 1 / 2 / 3 / 4	Either leave as 'None Entered', or select a modifier from the drop-down list.
Qty	Enter the number of times the procedure was rendered into this required field.
Diag Ref	Enter Diagnosis Reference number that this Procedure Code corresponds to. Valid values are 1, 2, 3 or 4. ***Example**: Diagnosis Reference number '2' would correspond to Diagnosis Code line #2 in the Diagnosis Code section in the middle.*

Services Requested Section	
Field Name	**Field Description**
Date Service (From / To)	Enter dates for both for the start and termination dates of service into these required fields.
Time Service (From / To)	Enter times for both for the start and termination of service.
Billed Charge	Enter the total billed charge for the service into this required field.
Claim Notes	Enter Notes. To increase window size, dick on the '(Click to Enlarge Notes)' link that is in blue text.

Review data entered into the **Claim Submission Entry** form. Submit the form by clicking the Submit Request button at the bottom of the page.

The notification dialog box will display the submission status:


Request succeeded! there are some warning/pend conditions:
The claim was successfully entered into EZ-CAP.
Your claim number is 20060524T0300001
The claim has been received.
PEND: Auth not approved.
Submit Another Claim

Request succeeded notification dialog box

To enter another claim, click the **Submit Another Claim** button.

To review details of the claim, click the claim number link (underlined in the Request Succeeded! window above) to display the **Claim Details** window: